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PART B - FEE(S) TRANSMITTAL

lete and send this form, together with applicable fee(s), to: Mail

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Alexandria, Virginia 22313-1450 or <u>Fax</u> (703) 746-4000 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FRE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 08/31/2004 Philip S Johnson Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE REE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 (Depositors share (Signatur APPEICATION NO: FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 09/980:452 11/30/2001 Kristof Van Emclen JAB-1487 3563 TITLE OF INVENTION: AMINOALKYL SUBSTITUTED (BENZODIOXAN, BENZOFURAN OR BENZOPYRAN) DERIVATIVES APPLN. TYPE SMALL ENTITY ISSUE FEB PUBLICATION FEE TOTAL PEE(8) DUE DATE DUE 51200 1370 nonprovisional NO 50 11/30/2004 EXAMINER ART UNIT CLASS-SUBCLASS POWERS, FIONA 1626 514-386000 1: Chango of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Change of currespondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assigned is identified below, no assigned data will appear on the patent. If an assigned is identified below, the document has been filed for recordation as act forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Janssen Pharmaceutica N.V Belgium Please theck the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation of other private group entity Government a. The following fcc(s) are enclosed: 4b. Payment of Fcc(s): Leaue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment to Doposit Account Number (checks an extra copy of this form). (cholose an extra copy of this form). Change in Entity Status (from status indicated above)

a Applicant claims SMALL ENTITY stems. Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature

Typed or printed name

Ellen Ciambrone Coletti

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